## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10739227

msE# 2673

| CLAIMS AS FILED - PART I<br>(Column 1)                                                                                                                                                                                                                                                                              |                                                      |                                           |           |                                   |              | mn 2)            |      | SMALL ENTITY TYPE |                        |      | OTHER THAN<br>OR SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------|-----------|-----------------------------------|--------------|------------------|------|-------------------|------------------------|------|-------------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |                                                      |                                           | 33        |                                   |              |                  | Γ    | RATE              | FEE                    |      | RATE                          | FEE                    |
| FOR NUM                                                                                                                                                                                                                                                                                                             |                                                      |                                           |           | FILED                             | NUMB         | ER EXTRA         |      | BASIC FEE         | 385.00                 | OR   | BASIC FEE                     | 770.00                 |
| TOTAL CHARGEABLE CLAIMS 33 minus 20                                                                                                                                                                                                                                                                                 |                                                      |                                           |           |                                   | * /          | <i>'3</i>        |      | X\$ 9=            |                        | OR   | X\$18=                        | 234                    |
| INDEPENDENT CLAIMS 4 minus 3 =                                                                                                                                                                                                                                                                                      |                                                      |                                           |           |                                   | * /          |                  | ı    | X43=              |                        | OR   | X86=                          | 86                     |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                    |                                                      |                                           |           |                                   |              |                  |      | +145=             |                        | OR   | +290=                         | 00                     |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                            |                                                      |                                           |           |                                   |              | olumn 2          | Ĺ    | TOTAL             |                        | OR   | TOTAL                         | 1090                   |
| CLAIMS AS AMENDED - PART                                                                                                                                                                                                                                                                                            |                                                      |                                           |           |                                   |              |                  |      | TOTAL             |                        | Un   | OTHER                         |                        |
| (Column 1) (Colum                                                                                                                                                                                                                                                                                                   |                                                      |                                           |           |                                   |              | (Column 3)       |      | SMALL E           | NTITY                  | OR   | SMALL                         | ENTITY                 |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         |                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |           | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                                | *                                         | Minus     | **                                |              | =                |      | X\$ 9=            |                        | OR   | X\$18=                        |                        |
| ME                                                                                                                                                                                                                                                                                                                  | Independent                                          | *                                         | Minus     | ***                               |              | =                |      | X43=              |                        | OR   | X86=                          |                        |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE, DEPENDENT CLAIM      |                                           |           |                                   |              |                  | 1    | +145=             |                        | OR   | +290=                         |                        |
|                                                                                                                                                                                                                                                                                                                     | TOTAL                                                |                                           |           |                                   |              |                  |      |                   |                        |      | TOTAL<br>ADDIT. FEE           |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                      | (Column 1)                                | DDIT. FEE |                                   | OR           | ADDII. FEL       |      |                   |                        |      |                               |                        |
| ENT B                                                                                                                                                                                                                                                                                                               |                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |           | HIGH<br>NUME<br>PREVIC<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
| MON                                                                                                                                                                                                                                                                                                                 | Total                                                | *                                         | Minus     | **                                |              | =                | 11   | X\$ 9=            |                        | OR   | X\$18=                        |                        |
| AMENDMENT                                                                                                                                                                                                                                                                                                           | Independent                                          |                                           |           |                                   | =            | 4 F              | X43= |                   | OR                     | X86= |                               |                        |
| L                                                                                                                                                                                                                                                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |                                           |           |                                   |              |                  | 1    | +145=             |                        | OR   | +290=                         |                        |
| TOTAL<br>ADDIT. FEE                                                                                                                                                                                                                                                                                                 |                                                      |                                           |           |                                   |              |                  |      |                   |                        | OR   | TOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                                      |                                           |           |                                   |              |                  |      |                   |                        |      | 7,0011.1 C2                   |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |           | HIGH<br>NUMI<br>PREVIC<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                                | *                                         | Minus     | **                                |              | =                |      | X\$ 9=            |                        | OR   | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                          | *                                         | Minus     | ***                               |              | <u> </u>         | ┇    | X43=              |                        | OR   | X86=                          |                        |
| Ľ                                                                                                                                                                                                                                                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= |                                           |           |                                   |              |                  |      |                   |                        | OR   | +290=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                               |                                                      |                                           |           |                                   |              |                  |      |                   |                        | OR   | TOTAL                         |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                      |                                           |           |                                   |              |                  |      |                   |                        |      |                               |                        |